


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90035 003 ***150.00

| | | |
|--|--|---|
| DOCUMENT # F02000003257 | |  |
| 1. Entity Name MORRISON GALLIHER, INC. | | |

| | |
|--|--|
| Principal Place of Business 3301 W. PURDUE AV. MUNCIE IN 47304 | Mailing Address PO BOX 687 WABASH IN 46992 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | | |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number 35-1693374 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |



MOORE CR2E034 (11/03)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVENUE TALLAHASSEE FL 32301 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ | |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C <input type="checkbox"/> Delete BEAUCHAMP, ROBERT W 231 W. CANAL ST WABASH IN 46992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete SQUIRES, FREDERICK H 231 W. CANAL ST WABASH IN 46992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete WEBSTER, BRENT 3301 W. PURDUE AV. MUNCIE IN 47304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete DAUGHTRY, HAROLD L 231 W CANAL ST WABASH IN 46992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT <input type="checkbox"/> Delete BEAUCHAMP, MICHAEL J 231 W CANAL ST WABASH IN 46992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Delete MCSPADDEN, LARRY D 311 S BUFFALO ST WARSAW IN 46580 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Evan Beauchamp 3301 W. Purdue Av Muncie, IN 47304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andrew Beauchamp 3301 W. Purdue Av. Muncie, IN 47304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evan Beauchamp Evan Beauchamp 1/30/04 (765)287200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #